

## Outpatient Fee Schedule Project Reference Tables

TABLE #	TABLE DESCRIPTION	HOW USED IN RELATION TO THE OUTPATIENT HOSPITAL FEE SCHEDULE PROJECT
RF121	VALID OPFS PROCEDURE MODIFIERS	PROVIDES A LIST OF MODIFIERS WHICH ARE ALLOWED BY HCPCS/CPT CODE, TO BE BILLED ON AN OUTPATIENT HOSPITAL CLAIM OR ENCOUNTER. MODIFIERS MAY BE INFORMATIONAL OR MAY IMPACT THE % OF THE OPFS OR AMOUNT ALLOWED FOR THE SERVICE.
RF723	LIMIT OVERRIDE MODIFIERS	PROVIDES A LIST OF MODIFIERS WHICH WHEN BILLED ON ANY APPLICABLE HCPCS/CPT ON AN OUTPATIENT HOSPITAL CLAIM OR ENCOUNTER, REQUIRE EXCEPTION PROCESSING (SUCH AS OVERRIDE OF SERVICE LIMITS) AS DEFINED BY THE ACTION CODE.
RF126	PROCEDURE OPFS PRICE	PROVIDES FEE'S BY HCPCS/CPT CODE BILLED ON AN OUTPATIENT HOSPITAL CLAIM OR ENCOUNTER. IF A CAPPED FEE IS NOT FOUND DEFAULT TO SCO.
PR050	PROVIDER RATE SCHEDULES	PROVIDES HOSPITAL PEER GROUP MODIFIER %'S BY HCPCS/CPT RANGE TO BE UTILIZED WHEN CALCULATING FINAL ALLOWED AMOUNTS FOR SERVICES PAID UNDER THE OUTPATIENT HOSPITAL FEE SCHEDULE.
RF618	PROVIDER TYPE RATE*	PROVIDES THE DEFAULT COST TO CHARGE RATIO TO BE UTILIZED ON AN OUTPATIENT HOSPITAL CLAIM OR ENCOUNTER WHEN A CAPPED FEE IS NOT FOUND FOR A HCPCS/CPT OR IF A HCPCS/CPT IS NOT PRESENT.
RF615	ENTITY TYPE/RATE SCHEDULE	ESTABLISHES THE VALID RELATIONSHIPS AND CODE VALUES WHICH CAN BE USED ON REFERENCE AND PROVIDER TABLES RELATED TO RATES. MUST BE SET UP PRIOR TO ADDING NEW OUTPATIENT HOSPITAL FEE SCHEDULE VALUES TO PR050, RF618 AND RF756.
RF756	PAYMENT 1	A TABLE OF VALUES USED TO DEFINE THE ALLOWED AMOUNT CALCULATION ON AN ENCOUNTER.
CL201	PRICING METHOD	A TABLE OF VALUES USED TO DEFINE THE ALLOWED AMOUNT CALCULATION ON A CLAIM.

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RF123	PROCEDURE AHCCCS COVERAGE**	PROVIDES COVERAGE INFORMATION FOR HCPCS/CPT CODES BILLED ON OUTPATIENT HOSPITAL CLAIMS AND ENCOUNTERS.
RF773	REVENUE CODES TO PROCEDURE CODES	PROVIDES A LISTING OF HCPCS/CPT THAT CAN BE REPORTED FOR A REVENUE CODE.
RF774	REVENUE CODES TO BILL TYPES	ESTABLISHES RELATIONSHIPS BETWEEN REVENUE CODES AND TYPE OF BILL THAT THEY CAN BE UTILIZED ON, AND FOR OUTPATIENT CLAIMS AND ENCOUNTERS FLAGS THOSE REVENUE CODES WHICH REQUIRE AND/OR ALLOW REPORTING OF HCPCS/CPT CODES.
RF127	PROCEDURE OPFS CODES INDICATORS AND VALUES	PROVIDES SPECIFIC SERVICE LIMITATION INFORMATION BY HCPCS/CPT CODE WHEN BILLED ON OUTPATIENT HOSPITAL CLAIMS AND ENCOUNTERS.
RF128	CCI EDITS	ESTABLISHES RELATIONSHIPS BETWEEN HCPCS/CPT CODES FOR PURPOSES OF BUNDLING AND UNBUNDLING OF SERVICES WHEN BILLED ON AN OUTPATIENT HOSPITAL CLAIM OR ENCOUNTER.
RF725	OVERRIDE MODIFIER ACTION CODES	A TABLE OF VALUES USED TO DEFINE OVERRIDE SITUATIONS ON RF723 AND RF739.
RF789	MULTIPLE SURGERY EXCEPTION TABLE	PROVIDES A LISTING OF SURGERY HCPCS/CPT CODES WHICH ARE EXEMPTED FROM MULTIPLE SURGERY DISCOUNT LOGIC.
RF796	OPFS BUNDLED REVENUE CODES	PROVIDES A LISTING OF REVENUE CODES WHICH ARE BUNDLED UNDER QUALIFIED SURGERY OR EMERGENCY ROOM SERVICES ON OUTPATIENT CLAIMS AND ENCOUNTERS.
RF797	OPFS BUNDLED RATE DRIVER	PROVIDES A LIST OF HCPCS/CPT CODES WHICH QUALIFY FOR A SURGERY OR EMERGENCY ROOM SERVICES BUNDLING SITUATION ON OUTPATIENT CLAIMS AND ENCOUNTERS.
RF739	OPFS BUNDLED EXCEPTION PROCEDURES	PROVIDES A LIST OF HCPCS/CPT CODES WHICH WHEN BILLED ON AN OUTPATIENT HOSPITAL CLAIM OR ENCOUNTER, REQUIRE EXCEPTION PROCESSING (SUCH AS NOT BEING SUBJECT TO SURGERY BUNDLING) AS DEFINED BY THE ACTION CODE.
RF721	REVENUE CODES	PROVIDES A LISTING OF ALL VALID UB REVENUE CODES.